10-90 11-42

AUG 11 2014

DOCKET FILE COPY ORIGINAL

Section	Fund \$54.1009 Annual Reporting lection Form	FCC Mail Room	FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	518002	
<015>	Study Area Name	Union Telephone Company	
<020>	Program Year	2014	
<030>	Contact Name: Person USAC should contact with questions about this data	CHRIS RENO	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	3077826131 ext.	
<039>	Contact Email: Email of the person identified in data line <030>	CRENO@UNIONWIRELESS.COM	
<040>	Has the information required pursuant to §54.1009 (041> Attach a description of the documents file		(check box when complete) <040>
	<042> Cite the Study Area Code (SAC) for the For <043> Cite the date of the Form 481 reporting		<042> 519905 <043> 06/26/2014
	Cite the date of the Form 461 reporting		06/26/2014
<050>	Carrier Contact Information (has the contact info. char	nged since prior filing? Yes or No)	• 0
		(If yes, complete the attached worksheet)	<050>
<060>	Coverage and Performance Report	(complete attached worksheet)	<060> ✓
<070>	Urban Rate Comparability Certification	(complete attached certification)	<070>
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	er tribal lands? Yes or No)	$\circ \circ$
		(If yes, complete the attached worksheet)	<080>
<090>	Project Update Information	(complete attached worksheet)	<090>
<100>	Certifications		
100		ete attached certification)	<101> 🗸
	<102> Agent Certification (comple	lete attached certification)	<102>

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

No. of Copies rec'd_ List ABCDE	

(050) Car	nier Contact Form	PARTIE DAY		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		518002	
<015>	Study Area Name		Union Telephone Company	
<020>	Program Year		2014	
<030>	Contact Name - Person USAC should contact regarding	this data	CHRIS RENO	
<035>	Contact Telephone Number - Number of person identifi		3077826131 ext.	
<039>	Contact Email Address - Email Address of person identif	fied in data line <030>	CRENO@UNIONWIRELESS.COM	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	0001630201		
<111>	Filing Carrier Name	UNION TELEPHONE COM	IPANY	
<112>	Winning Bidder Carrier Name	UNION TELEPHONE COM		
<113>	Street Address (or PO Box)	PO BOX 160		
<114>	City	MOUNTAIN VIEW		VA
<115>	State	WY		
<116>	Zip-Code	82939		
<117>	Telephone Number	3077826131 ext.		
<118>	Fax Number	3077826913		
<119>	Email Address	CRENO@UNIONWIRELESS		
<120> <121> <122> <123> <124> <125> <126> <127> <128>	if same as above, indicate in this box Name (First, MI, Last, Suffix) Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number Email Address	CHRIS RENO UNION TELEPHONE COM PO ROX 160 MOUNTAIN VIEW WY 82939 3077826131 ext. 3077826913 CRENO@UNIONWIRELESS		
Authorize	d Agent Information if no agent, indicate in this box			
<120>	Name (First, MI, Last, Suffix)			
<121>	Company			
<122>	Street Address (or PO Box)			
<123>	City			
<124>	State			
<125>	Zip-Code			
<126>	Telephone Number			12.03.01
<127>	Fax Number			
<128>	Email Address			
	-	1000		

(060) Co	verage and	Performance	Report			est distribution	China Ma	det-	444	FCC Form	690	
									以下	Ap prove	d by OM	В
in time,	Total State		William C		The State of					OMB Con	trol No.	3060-1185
						To College S				Page 3 of	8	
<010>	Study A	ras Cada				518002						
<015>	The second second	rea Code rea Name	-2701110-00					e Company				
<020>	Program	I Sanction -				2014						
<030>	94 (50.00)		n USAC should	contact regardin	g this data	CHRIS	RENO					
<035>	Contact	Telephone Nu	ımber - Numbe	r of person ident	ified in data line	<030> 307782	6131 ext					
<039>	Contact	Email Address	s - Email Addres	ss of person iden	tified in data line	<030> CRENO@	UNIONWIR	ELESS.COM		-		
<140>	Coverag	e and Perform	nance Report Yo	ear 07/2013	- 12/2013					111111111111111111111111111111111111111		
					5180	02_CPRdef_WY_A	R_2014-0	7-31_4-49-	22-pm.zip)		
		Electro	nic Shapefiles	attachments								
	Drive Test Results attachments			Name	of Attached Docu	ment (.zip)						
				Name	of Attached Docum	neat / zinl						
					Nume	oj Attocieo Docum	nent (.21p)					
		Scatte	red Site Test Re	esults attachmen		of Attached Docum	ment (.zip)					
-141-					<b2></b2>	42		10/20 m	-			
<141>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	C02>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<q></q>	<e></e>	<f></f>
			İ									
	State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electron ic Shapefil es are uploade d (yes/no)	Result s are upload ed (yes/n	Certify that Scattered Site Tests are uploaded (yes/no)
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				(see attach	led works	neet					
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				- Territoria		<u> </u>	-	-		-		
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	J. C.									_		
				0				76				
		Percenta	age of Total			Percentage	of Total					
			Reached by			Road Miles						
		Se	rvice			by Serv	rice					

(070) Urban Rate Comparability Certification Compliance	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185
The state of the s	Page 4 of 8

<010>	Study Area Code	518002
<015>	Study Area Name	Union Telephone Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	CHRIS RENO
<035>	Contact Telephone Number - Number of person identified in data line <030>	3077826131 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	CRENO@UNIONWIRELESS.COM

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)					
l certify that I am an officer or employee of form and in any attachments is accurate.	f the reporting carrier; my respon	sibilities include ensuring compliance with 47 CFR §5	4.1009(a)(4), the information reported on thi		
Name of Reporting Carrier: Unio	on Telephone Company				
Signature of Authorized Officer:	CERTIPIED ONLINE		Date 07/31/2014		
Printed name of Authorized Officer:	Chris Reno	(200			
Title or position of Authorized Officer:	Director of Accounting				
Telephone number of Authorized Officer:	3077826131 ext.		15.00		
Study Area Code of Reporting Carrier:	518002	Filing Due Date for this form: 07/31/2014			

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
carrier. I also certify that I am an officer or employee of the	reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the repo	orts and data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
itle or position of Authorized Officer or Employee:	
elephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorize	ed to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am authoriz data provided by the reporting carrier; and, to the best of m	ed to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based or y knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agent	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

0) Triba	al Lands Reporting		The same of the sa	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
:010>	Study Area Code		518002	
<015>	Study Area Name		Union Telephone Company	
<020>	Program Year		2014	
<030>	Contact Name - Person USAC should contact regarding		CHRIS RENO	
<035>	Contact Telephone Number - Number of person identifi			
<039>	Contact Email Address - Email Address of person identif	fied in data line	<030> CRENOSUNIONWIRELESS.COM	5
<142>	State	-		
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			No. 10 Page 1
<145>	Tribal Government Engagement Obligation	Name of Attache	d Document (.pdf)	
	If your company serves Tribal lands, please select (Yes, Neach of these boxes to confirm the status described on PDF, on line 145, demonstrates coordination with the Togovernment pursuant to § 54.1004 includes:	the attached		
<146>	Needs assessment and deployment planning with a foc community anchor institutions;	cus on Tribal	Select (Yes,No, NA)	
<147>	Feasibility and sustainability planning;			
148>	Marketing services in a culturally sensitive manner;			
149>	Compliance with Rights of way processes			
<150>	Compliance with Land Use permitting requirements			
151>	Compliance with Facilities Siting rules			
152>	Compliance with Environmental Review processes			
:153>	Compliance with Cultural Preservation review processes	s		

<154> Compliance with Tribal Business and Licensing requirements.

		Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
<010>	Study Area Code	518002
<015>	Study Area Name	Union Telephone Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	CHRIS RENO
<035>	Contact Telephone Number - Number of person identified in data line <030>	3077826131 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	CRENO@UNIONWIRELESS.COM
<200>	Date Authorized to Receive Support	07/29/2013
<201>	Targeted Completion Date	12/31/2014
<202>	Total Mobility Fund Support Awarded	2293620.0
<203>	Total Mobility Fund Support Disbursed	764540.0
<204>	Support Applied to Network Design	4178.16
<205>	Support Applied to Construction	482485.21
<206>	Support Applied to Deployment	277876.63
<207>	Support Applied to Maintenance	0.0
<208>	Certify Network will Support 3G Mobile Service (Yes / No)	O
<209>	Certify Network will Support 4G Mobile Service (Yes / No)	○ ●
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	\$18002_PSD_WY.pdf {Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.	(Name of For attached)
<212>	Status of Network Deployment - Network Design	/
<213>	Status of Network Deployment - Construction	/
<214>	Status of Network Deployment - Deployment	/
<215>	Status of Network Deployment - Maintenance	→
<216>	Project Budget Status	1
<217>	Project Plan Status	

FCC Form 690

(090) Project Update Information

101) Certification - Reporting Carrier	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185
	Page 7 of 8

Study Area Code	518002
Study Area Name	Union Telephone Company
Program Year	2014
Contact Name - Person USAC should contact regarding this data	CHRIS RENO
Contact Telephone Number - Number of person identified in data line <030>	3077826131 ext.
Contact Email Address - Email Address of person identified in data line <030>	CRENO@UNIONWIRELESS.COM
	Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030>

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

I certify that I am an officer of the report best of my knowledge, the information r			oorting requirements for Mobility Fund recipients; and, to the
Name of Reporting Carrier: Union	Telephone Company	in 4 in	
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 07/31/2014
Printed name of Authorized Officer:	Chris Reno		
Title or position of Authorized Officer:	Director of Accounting		
Telephone number of Authorized Officer:	3077826131 ext.		
Study Area Code of Reporting Carrier:	518002	Filing Due Date for this form: 07	/31/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

(102) Certification - Agent / Carrier	A Property of the second		FCC Form 690
		4	Approved by OMB
			OMB Control No. 3060-1185
	North and Adjusted to Many		Page 8 of 8

<010>	Study Area Code	518002
<015>	Study Area Name	Union Telephone Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	CHRIS RENO
<035>	Contact Telephone Number - Number of person identified in data line <030>	3077826131 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	CRENO@UNIONWIRELESS.COM

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting carri
	sponsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorize
agent; and, to the best of my knowledge, the reports and	a provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Author	ed to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier
	ed to submit the annual reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data rier; and, to the best of my knowledge, the information reported herein is accurate.
lame of Reporting Carrier:	The state of the s
Name of Authorized Agent or Employee of Agent:	
ignature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
itle or position of Authorized Agent or Employee of Agent	
elephone number of Authorized Agent or Employee of Ag	
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:

Attachments

FCC Form 690 Approved by OMB OMB Control Na. 3060-1185

		Approved by OMB OMB Control No. 3060-1185
<010>	Study Area Code	518002
<015>	Study Area Name	Union Telephone Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	CHRIS RENO
<035>	Contact Telephone Number - Number of person identified in data line <030>	3077826131 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	CRENO@UNIONWIRELESS.COM
<140>	Coverage and Performance Report Year	07/2013 - 12/2013

<a2> <a3> <b1> <b2> <b2> <b2> <

 <141> Certify that Certify that Certify that Electronic Drive Test Scattered Site Road Miles Resident Total Resident **Total Road** Shapefiles are Population Road Miles per Census Miles Results are Tests are Resident Population uploaded uploaded Population per **Newly Reached** Reached by per Census **Block Newly** covered per uploaded State County Census Block Census Block by Service Service Block Reached Census Block (yes/no) (yes/no) (yes/no) 56007968100 3181 0 Yes 0 1146.8 875.8 875.8 WY

Percentage of
Total Population
Reached by
Service

0		

Percentage of Total Road Miles covered by Service

76	

FCC For	rm 481 - Carrier Annual Reporting Data Collection Form		ON	Form 481 B Contral No. 3060-0985/ 2013	OMB Control No. 3060-0819
<010>	Study Area Code	519905			
<015>	Study Area Name	UNION TELEPHONE CO	. DBA UNION CELLULAR		
<020>	Program Year	2015		D	-
<030>	Contact Name: Person USAC should contact with questions about this data	Chris Reno			
<035>	Contact Telephone Number: Number of the person identified in data line <030>	3077824159 ext.		1	
<039>	Contact Email Address: Email of the person identified in data line <030>	creno@unionwireless	s.com		
	Email of the person identified in data line 3000		OKE ENGINEERS	Cardy Discussion	54.313 54.422
ANNUA	AL REPORTING FOR ALL CARRIERS				ompletion Completion Required Required
<100>	Service Quality Improvement Perceting				(check box when complete)
<100>	Service Quality Improvement Reporting		(complete attached workshe	7	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
<200> <210>	Outage Reporting (voice)		(complete attached workshe	et)	
<300>	Unfulfilled Service Requests (voice)	outages to report			√ ////////////////////////////////////
43002	Official med Service neglects (voice)				
<310>	Detail on Attempts (voice)				MILLE
			(ottach descriptive documen	ot)
<320>	Unfulfilled Service Requests (broadband)				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
gester -					ALLEN
<330>	Detail on Attempts (broadband)			(attach descriptive docume	ent)
<400>	Number of Complaints per 1,000 customers (voice)				
<410>	Fixed 0.0				/
<420>	Mobile 0.0			<u></u>	
<430> <440>	Number of Complaints per 1,000 customers (broads	pand)			11111
<450>	Mobile 0.0				
<500>	Service Quality Standards & Consumer Protection R	ules Compliance	(check to indicate certificati	on)	1
	519905WY510.pdf		7		
<510>			(attached descriptive doc	ument)	1
0.000000]		
<600>	Functionality in Emergency Situations 519905W610.pdf		(check to indicate certificati	on)	
					/
			(attached descriptive docum	ent)	
<610>					
<700>	Company Price Offerings (voice)		(complete attached workshe	et)	111111
<710>	Company Price Offerings (broadband)		(complete attached workshe	et)	1 11111
<800>	Operating Companies and Affiliates		(complete attached workshe		· -
	Tribal Land Offerings (Y/N)? Voice Services Rate Comparability	(if	yes, complete attached workshe		
<1000>	519905WY1010.pdf		(check to indicate certificati	on)	111111
				_	
<1010>			(attach descriptive docume	nt)	
			_		
<1100>	Terrestrial Backhaul (Y/N)?	(0)	f not, check to indicate certificat	ion)	MAIN
<1110>			(complete attached workshi	ret)	HILLI
<1200>	Terms and Condition for Lifeline Customers		(complete attached workshi	ret)	
	Price Cap Carriers, Proceed to Price Cap Additional	Documentation Works	sheet		
<2000>	Including Rate-of-Return Carriers offiliated with Pri	ice Cap Local Exchange			Allenta
<2000>			(check to indicate certification (complete attached workshe	-	
	Rate of Return Carriers, Proceed to ROR Additional	Documentation Work			
<3000>			(check to indicate certification	in)	
<3005>			(complete attached workshe	etl	

4,750566971.00	ervice Quality Improvement Reporting Illection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	519905	
<015>	Study Area Name	UNION TELEPHONE CO. DBA UNION CELLULAR	
<020>	Program Year	2015	4.V
<030>	Contact Name - Person USAC should contact regarding this data	Chris Reno	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3077824159 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	creno@unionwireless.com	
<110>	Has your company received its ETC certification from the FCC?	(yes / no) O	
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) O O	
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	519905WY112.pdf company is a	
	Please check these boxes below to confirm that the attached documents(s), on li 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	ne	Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets		
<114>	Report how much universal service (USF) support was received		
<115>	How (USF) was used to improve service quality		
<116>	How (USF)was used to improve service coverage		
<117>	How (USF) was used to improve service capacity		
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.		

(200) Service Outage Reporting (Voice)

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	519905
<015>	Study Area Name	UNION TELEPHONE CO. DEA UNION CELLULAR
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Chris Reno
<035>	Contact Telephone Number - Number of person identified in data line <030>	3077824159 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	creno@unionwireless.com

	<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
Re	NORS eference umber	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventativ Procedures
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					THE CHIEF WAR AND A PARTY OF THE COLUMN TWO IS NOT THE COLUMN TWO							
0.5			7.00									

之生之为是6的.	ce Offerings including Voice Rate Data ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	519905
<015>	Study Area Name	UNION TELEPHONE CO. DBA UNION CELLULAR
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Chris Reno
<035>	Contact Telephone Number - Number of person identified in data line <030>	3077824159 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	crenowunionwireless.com
<701>	Residential Local Service Charge Effective Date 1/1/2014	

<702> Single State-wide Residential Local Service Charge

<a1></a1>	<a2></a2>	<a3></a3>	<01>	<b2></b2>	<b3></b3>	<b4></b4>	<bs></bs> <bs></bs>	(c)
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fe
				See a	tached worksheet			
			-					
			P-leva-to-taken to the second					
								

(710) Broadband Price Offerings		FCC Form 481	THE WAR THE
Data Collection Form		OMB Control No.	3060-0986/OM8 Control No. 3060-0819
	编修 加以公司等原则是	July 2013	

<010>	Study Area Code	519905
<015>	Study Area Name	UNION TELEPHONE CO. DBA UNION CELLULAR
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Chris Reno
<035>	Contact Telephone Number - Number of person identified in data line <030>	3077824159 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	crenc@unionwireless.com

<a1></a1>	<a2></a2>	 	<b2></b2>	<c> </c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select
			- See attac worksheet -	hed				
		10.02-10.012						
Annual and the second s								
					-			

	erating Companies lection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013			
<010>	Study Area Code	519905					
<015>	Study Area Name	UNION TELEPHONE CO.	DBA UNION CELI	ULAR			
<020>	Program Year	2015					
<030>	Contact Name - Person USAC should contact regarding this data	Chris Reno					
<035>	Contact Telephone Number - Number of person identified in data line <030>						
<039>	Contact Email Address - Email Address of person identified in data line <030>	creno@unionwireless	.com				
<810>	Reporting Carrier Union Telephone Company		want to see that Canada				
<811>	Holding Company						
<812>	Operating Company						
<813>	<81>		<a2></a2>	<a3></a3>			
	Affiliates		SAC	Doing Business As Company or Brand Designation			
			N				

	bal Lands Reporting lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	519905	
<015>	Study Area Name	UNION TELEPHONE CO. DBA UNION CELLUL	AR
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Chris Reno	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3077824159 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	crenosunionwireless.com	
<910>	Tribal Land(s) on which ETC Serves	n Arapahoe and Zastern Shoshone	
<920>	Tribal Government Engagement Obligation	wy920.pdf	
		Name of Attac	hed Document

demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes: <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions. <922> Feasibility and sustainability planning; <923> Marketing services in a culturally sensitive manner; Compliance with Rights of way processes <924> Compliance with Land Use permitting requirements <925> Compliance with Facilities Siting rules <926> <927> Compliance with Environmental Review processes Compliance with Cultural Preservation review processes <928> <929> Compliance with Tribal Business and Licensing requirements.

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920,

Se	elect
(Ye	s,No
1	(AV
Yes	;
	1111
Yes	
Yes	
Yes	3
Yes	3
Yes	3 :
Yes	
Yes	3
Yes	

The second secon	o Terrestrial Backhaul Reporting ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	519905
<015>	Study Area Name	UNION TELEPHONE CO. DBA UNION CELLULAR
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Chris Reno
<035>	Contact Telephone Number - Number of person identified in data line <030>	3077824159 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	creno@unionwireless.com
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)	
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)	

Lifeline	erms and Condition for Lifeline Customers ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	519905
<015>	Study Area Name	UNION TELEPHONE CO. DBA UNION CELLULAR
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Chris Reno
<035>	Contact Telephone Number - Number of person identified in data line <030>	3077824159 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	creno@unionwireless.com
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	Name of Attached Document
<1220>	Link to Public Website HTTP	
or the we	Information describing the terms and conditions of any voice	
<1222>	telephony service plans offered to Lifeline subscribers, Details on the number of minutes provided as part of the plan,	
<1223>	Additional charges for toll calls, and rates for each such plan.	

	ice Cap Carrier Additional Documentation ection Form Rate-of-Return Carriers offiliated with Price Cap Local Exchange Carriers			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
nciounig	nate-of-neturn currens officied with Frice cap Local exchange corners		THE PERSON NAMED IN	THE CASE OF THE PARTY OF THE PA
<010>	Study Area Code	519905		
<015>	Study Area Name	UNION TELEPHONE CO. DRA UNION CELLULAR		
<020>	Program Year	2015		
<030>	Contact Name - Person USAC should contact regarding this data	Chris Reno		
<035>	Contact Telephone Number - Number of person identified in data line <030>	3077824159 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	creno@unionwireless.com		
CHECK th	ne boxes below to note compliance as a recipient of incremental Connect Ameri support as set forth in 47 CFR § 54.313(b),(c),(d),(e)	에 가게 가는 사람들이 보고 있는데 가게 하면 가게 하고 하는데 이 것이 없는데 이 가게 되었다. 그는 이 가게 하는데 이 경기를 하는데 그런 경기에 가지 그렇다.		
	Incremental Connect America Phase I reporting			
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))			
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}			
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))			
<2012>	2013 Frozen Support Certification			
<2013>	2014 Frozen Support Certification			
<2014>	2015 Frozen Support Certification			
<2015>	2016 and future Frozen Support Certification			
	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}			
<2016>	Certification Support Used to Build Broadband			
	Connect America Phase II Reporting (47 CFR § 54.313(e))			
<2017>	3rd year Broadband Service Certification		\vdash	
<2018>	5th year Broadband Service Certification			
<2019>	Interim Progress Certification			
<2020>	Please check the box to confirm that the attached document(s), on pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support addresses of community anchor institutions to which began providing receding calendar year.	shall provide the number, names, and		
<2021>	Interim Progress Community Anchor Institutions			

10,11800	ate Of Return Carrier Additional Documentation		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-08
Data Con	ecuon Form		July 2013
<010>	Study Area Code	519905	
<015>	Study Area Name	UNION TELEPHONE CO. DBA UNION CELLULAR	
<020>	Program Year Contact Name - Person USAC should contact regarding this data	2015 Chris Reno	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3077824159 ext.	Harry Harry Harry Control of the Con
<039>	Contact Email Address - Email Address of person identified in data line <030>	creno@unionwireless.com	
CHECK I	he boxes below to note compliance on its five year service quality plan (pursuar CFR § 54.313(f)(2). I further certify that the		compliance with the financial reporting requirements set forth
(3010)	Progress Report on 5 Year Plan Milestone Certification {47 CFR § 54.313(f)(1)(i)}		
		Name of Attached Document Listing Required Inform	ation
	Please check this box to confirm that the attached document(s), on line $3 \le 54.313$ (f)(1)(ii), the carrier shall provide the number, names, and addreproviding access to broadband service in the preceding calendar year.		
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))		
		Name of Attached Document Listing Required Information	
(3013) (3014)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report	(Yes/No) (Yes/No)	38
Please	check these boxes to confirm that the attached document(s), on line 301	7, contains the required information pursuant to § 54.313(f)(2) compliance requires:
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Ca	sh Flows	
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation		
		Name of Attached Document Listing Required Information	
(3018)	if the response is no on line 3014, is your company audited?	(Yes/No)	
	If the response is yes on line 3018, please check the boxes below to		
	confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a fi	ormat comparable to RUS Operating Report for Telecommunication	ns .
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of C	ash Flows	
I mercanismos			
(3021)		performed the company's financial audit.	
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		
(3023)	Underlying information subjected to a review by an independent certified		느
	public accountant		—
(3024)	Underlying information subjected to an officer certification. Document(s) for Balance Sheet, Income Statement and Statement of Ct	ash Flows	4
1-04-01	Community for parameter officer, involve oracement and oracement of Ci	NAME OF TAXABLE PARTY.	
(3026)	Attach the worksheet listing required information		

Name of Attached Document Listing Required Information

	tion - Reporting Carrier lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-08 July 2013		
<010>	Study Area Code	519905		
<015>	Study Area Name	UNION TELEPHONE CO. DBA UNION CELLULAR		
<020>	Program Year	2015		
<030>	Contact Name - Person USAC should contact regarding this data	Chris Reno		
<035>	Contact Telephone Number - Number of person identified in data line <030>	3077824159 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	creno@unionwireless.com		

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: UNION TELEPHONE CO. DBA UNION CELLULAR Signature of Authorized Officer: CERTIFIED ONLINE Date 06/26/2014 Printed name of Authorized Officer: Chris Reno Title or position of Authorized Officer: Director of Accounting Telephone number of Authorized Officer: 3077826131 ext. Study Area Code of Reporting Carrier: 519905 Filing Due Date for this form: 07/01/2014 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

	tion - Agent / Carrier lection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		519905	
<015>	Study Area Name		UNION TELEPHONE CO	. DBA UNION CELLULAR
<020>	Program Year		2015	
<030>	Contact Name - Person USAC should contact regar	ding this data	Chris Reno	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

<035> Contact Telephone Number - Number of person identified in data line <030> 3077824159 ext.
<039> Contact Email Address - Email Address of person identified in data line <030> creno@unionwireless.com

I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting carrie
also certify that I am an officer of the reporting carrier; my n agent; and, to the best of my knowledge, the reports and da	esponsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized a provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent	Authorized to File Annual Reports for CAF or LI Recipie	ents on Behalf of Reporting Carrier
프라마이 바람이 그리다 하는 것이 하는데 하는데 아무리	norized to submit the annual reports for universal service suppor reporting carrier; and, to the best of my knowledge, the informa	[14] 하다 5 [16] 14 [16] 15 [16] 15 [16] 15 [16] 15 [16] 15 [16] 15 [16] 15 [16] 15 [16] 15 [16] 15 [16] 15 [16]
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Agent	t	
Telephone number of Authorized Agent or Employee of Ag	gent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	



(700) Price Offerings including	Voice Rate Data
Data Collection Form	

FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	519905
<015>	Study Area Name	UNION TELEPHONE CO. DBA UNION CELLULAR
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Chris Reno
<035>	Contact Telephone Number - Number of person identified in data line <030>	3077824159 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	creno@unionwireless.com
<701>	Residential Local Service Charge Effective Date 1/1/2014	
<702>	Single State-wide Residential Local Service Charge	

<703>

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<bs< th=""><th>/ c></th></bs<>	/ c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fee
WY	N/A		MS	40.0	0.0	0.56	0.0	40.56
UT	N/A		MS	40.0	0.0	0.56	0.0	40.56
CO	N/A		MS	40.0	0.0	0.56	0.0	40.56

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